

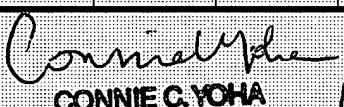


<b>Issue Classification</b> 	Application No.	Applicant(s)	
	10/017,892	ROOHPARVAR, FRANKIE F.	
	Examiner	Art Unit	
	Connie C. Yoha	2818	

ISSUE CLASSIFICATION												
ORIGINAL				CROSS REFERENCE(S)								
CLASS		SUBCLASS		CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)							
365		185.22		365	185.21	185.24	185.33	189.07				
INTERNATIONAL CLASSIFICATION												
G	1	1	C	16/06								
				/								
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 (Assistant Examiner) (Date)		 <b>CONNIE C. YOHA</b> PRIMARY EXAMINER (Primary Examiner) (Date)		Total Claims Allowed: 3  <table> <tr> <td>O.G. Print Claim(s)</td> <td>O.G. Print Fig.</td> </tr> <tr> <td>1</td> <td>6</td> </tr> </table>		O.G. Print Claim(s)	O.G. Print Fig.	1	6
O.G. Print Claim(s)	O.G. Print Fig.								
1	6								

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
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